

INSTRUCTIONS
Application for Continuing Education Credit Approval

Instructions for form usage:

1. Once you have completed the application, you must print the form, and apply your handwritten signature. Applications submitted without the appropriate signatures will not be reviewed.
2. All forms must be filled out completely as directed. Forms having "See Attached" will not be reviewed or returned.
3. The completed application along with required fee may be submitted to the Kentucky Board of Social Work by mail to 125 Holmes Street, Suite 310, Frankfort, Kentucky 40601.

Instructions for completing the "Application for Continuing Education Credit Approval Form":

- "Individual" means a licensee or certificate holder may request an individual review of a continuing education program that has not been otherwise approved by submitting an "Individual Continuing Education Credit Approval form along with the required fee of \$10.
- "Provider" means a person or an organization approved by the Kentucky Board of Social Work to provide a single continuing education program for each one day program of eight (8) hours or less. The fee for review of a "Provider Application for Continuing Education Credit Approval" is \$100 for each one day program of eight (8) or less and may be renewed annually for a fee of \$50 to offer the same approved course with no changes in content or instructors. All providers must receive approval from the Kentucky Board of Social Work prior to providing any continuing education program. Application(s) must be submitted at least thirty (30) days in advance of the commencement of the program.
- "Sponsor" means a person or an organization approved by the Kentucky Board of Social Work to provide more than one (1) continuing education program over the course of a year. The fee for review of a "Sponsor Application for Continuing Education Credit Approval" is \$250 and may be renewed annually for a fee of \$150 to offer the same approved program(s) with no changes in content or instructors. Sponsors must be approved by The Kentucky Board of Social Work before providing any continuing education programs. Application(s) must be submitted at least thirty (30) days in advance of the commencement of the program.
- Courses that are to be approved to meet the Ethics for Renewal Requirement shall be acquired in the area of the social work code of ethics as established by 201 KAR 23:080 and must be a minimum of 3 hours in length. All Ethics Courses require approval by the Kentucky Board of Social Work. Please be detailed in the content and qualifications of the instructors when submitting these courses for approval.
- Courses that are established to meet the supervision requirement must be on the supervisory practices and methods for licensed clinical social workers relating to the requirements in KRS Chapter 335 and 201 KAR 23:070. This course must be presented in person and must be a minimum of 3 hours in length. All Supervision Courses require approval by the Kentucky Board of Social Work. Please be detailed in the content and qualifications of the instructors when submitting these courses for approval. Courses on Supervision must be presented by a licensee who currently is a board approved LCSW Supervisor.

KENTUCKY BOARD OF SOCIAL WORK
125 Holmes Street, Suite 310
Frankfort KY 40601
bsw.ky.gov
502-564-2350

Provider or Sponsor Application for Continuing Education Approval

NOTE: All applications must be submitted thirty (30) days in advance of the start date of the program.

Date of application:

Check one (1): Are you applying as a Provider or a Sponsor?

- Provider: Initial Application Fee: \$100.00 for each program of eight (8) hours or less
If the program extends to another day, please add an additional \$100 fee
Make check or money order payable to KY State Treasurer
- Sponsor: Initial Application Fee: \$250.00
Make check or money order payable to KY State Treasurer

- Apply online at bsw.ky.gov/Continuing Education; or
- Complete and mail the application including required attachments and fee.

1. Provider or Sponsor Name:

Address:

Street:

City: State: Zip Code:

Phone:

Email address:

2. Name of person submitting application:

Signature of person submitting application:

Phone: Email address:

3. Type of Organization:

- Accredited University/College: Social Work Dept.
- Accredited University/College: Other Dept.
- Private Educational Organization
- Government Agency
- Professional Society/Association
- Hospital/Medical School
- Mental Health Center/Clinic
- Other (Specify)

- PROVIDERS must complete Items 1 through 6 with attachments.
- SPONSORS must complete Items 1 through 6 with attachments for each program requiring approval.

4. Title of Program/s:

Program Date(s):

Number of Contact Hours Requested: Note: 50 min. equals 1

CEU, do not include breaks.

5. Is this program to be considered for the three (3) hour ethics program for renewal? Yes No

- If yes, this program and instructor(s) must meet the requirements of 201 KAR 23:075 and 201 KAR 23:080

6. Is this program to be considered for the three (3) hour clinical social work supervision program for approved LCSW supervisors?

Yes No

- If yes, this program and instructor(s) must meet the requirements of 201 KAR 23:070 and 201 KAR 23:075.

7. Format of Program Delivery: (Check all that apply)

- Live event: in person/face-to-face
- Online or on-demand webinar
- Other: specify

8. Instructors (attach verification resume or curriculum vitae for each instructor)

Name of Instructor:

Title of Instructor:

9.	Program Description:	
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10.	Program Objectives:	
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11.	Program Outline:	
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12.	Method of Evaluation:	
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REQUIRED ATTACHMENTS (UPLOAD OR ATTACH):

- 1. Resume or CV for each instructor (biographical summaries are not sufficient).
- 2. Program Agenda/s indicating hours of instruction including all breaks.
- 3. Sample evaluation form that will used by participants to rate the program.
- 4. Sample certificate of completion (must include KBSW Approval No. on the certificate with hours of CE credits).
- 5. Required fee.